 TRANSMITTAL FORM		Application Number	10/027,003
		Filing Date	12/20/2001
		First Named Inventor	Bostik, Barry S.
		Group Art Unit	2645
		Examiner Name	Foster, Roland G.
Total Number of Pages in this Submission	18	Attorney Docket Number	2000-0687

Enclosures (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
<input type="checkbox"/> Additional enclosure(s) (please identify below) |
|---|---|---|

Remarks Response to Official Action of 04/12/2004

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Technology Center 2600

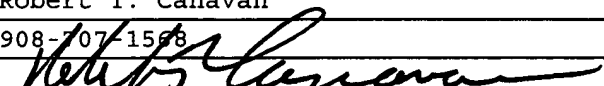
CORRESPONDENCE ADDRESS☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

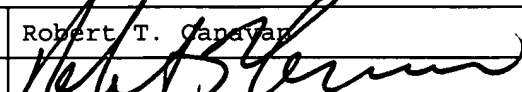
NAME	Samuel H. Dworesky				
ADDRESS	AT&T CORP. Room 2A-207, One AT&T Way				
CITY	Bedminster	STATE	New Jersey	ZIP CODE	07921
COUNTRY	United States of America	FAX	908-532-1281		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

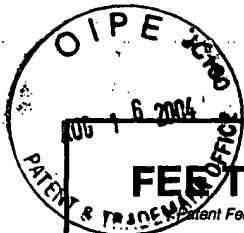
NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1508		
SIGNATURE		DATE	08/12/2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 08/12/2004

Type or Printed Name	Robert T. Canavan	Date	08/12/2004
Signature			

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

Complete if Known

Application Number	10/027,003
Filing Date	12/20/2001
First Named Inventor	Bostik, Barry S.
Examiner Name	Foster, Roland G.
Group/Art Unit	2645
Attorney Docket No.	2000-0687

TOTAL AMOUNT OF PAYMENT	196
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	01-2745
Deposit Account Name	AT&T CORP.

<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance
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FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1001	770	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
1002	340	Design Filing Fee	
1004	770	Reissue Filing Fee	
1005	160	Provisional Filing Fee	

SUBTOTAL (1)**2. CLAIMS**

<input type="checkbox"/> Filing Under 37CFR 1.53 (b)
<input type="checkbox"/> CPA Under 37CFR 1.53 (d)
<input checked="" type="checkbox"/> Amendment

Extra Claims	Fee from below	Fee Paid
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Total	15	-	20	=	0	X	18	=	
Ind.	4	-	3	=	1	X	86	=	86

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	86	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

** or number previously paid, if greater; for Reissues, see above

SUBTOTAL (2)

86

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet	
1053	130	Non-English specification	
1812	2520	For filing a request for reexamination	
1804*	920	Requesting publication of SIR prior to Examiner action	
1805*	1840	Requesting publication of SIR after Examiner action	
1251	110	Extension for response within first month	110
1252	420	Extension for response within second month	
1253	950	Extension for response within third month	
1254	1480	Extension for response within fourth month	
1255	2010	Extension for response within fifth month	
1401	330	Notice of Appeal	
1402	330	Filing a brief in support of an appeal	
1403	290	Request for oral hearing	
1504	300	Publication fee for early, voluntary, or normal publication	
1452	110	Petition to revive - unavoidable	
1453	1330	Petition to revive - unintentional	
1501	1330	Utility issue fee (or reissue)	
1502	480	Design issue fee	
1460	130	Petitions to the Commissioner	
1807	50	Processing fee for provisional applications	
1806	180	Submission of Information Disclosure Statement	
8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	Request for Continued Examination (RCE)	
1802	900	Request for expedited exam of a design application	

Other fee (specify):

SUBTOTAL(3)

110

SUBMITTED BY

Typed or Printed Name	John E. Etchells
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Complete (if applicable)

Reg. Number	
-------------	--

Signature		Date	8/11/2004	Deposit Account User ID	
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